

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

Middle District of Pennsylvania

____ Division

Case No. _____

(to be filled in by the Clerk's Office)

James John Tisdale IV

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

see Attached # 1

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

FILED
SCRANTON

JUN 17 2019

PER [Signature]
DEPUTY CLERK

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

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I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

James John Tisdale IV

All other names by which
you have been known:

James Tisdale, James J. Tisdale

ID Number

Current Institution

Lackawanna County Prison

Address

Scranton

City

Pa

State

18509

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Dr. Edward ZalogaJob or Title (*if known*)Doctor

Shield Number

Employer

Correctional Care INC. (owner)

Address

1371 N. Washington AveScranton

City

Pa

State

18509

Zip Code

☒ Individual capacity☒ Official capacity**Defendant No. 2**

Name

Anthony TanuzziJob or Title (*if known*)Family Care Professional

Shield Number

Employer

1371 N. Washington Ave.Correctional Care INC.Scranton

City

Pa

State

18509

Zip Code

☒ Individual capacity☒ Official capacity

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Defendant No. 3

Name

Correctional Care Inc.

Job or Title (if known)

Shield Number

Employer

Correctional Care INC.

Address

1401 Birney Ave

Maasick, Pa

Pa.

18502

City

State

Zip Code



Individual capacity



Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

City

State

Zip Code



Individual capacity



Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

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- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

See attachment # 2

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):



Pretrial detainee



Civilly committed detainee



Immigration detainee



Convicted and sentenced state prisoner



Convicted and sentenced federal prisoner



Other (explain)

Convicted and sentenced to State Prison, County Stipulated

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

See Attachment # 3

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C. What date and approximate time did the events giving rise to your claim(s) occur?

on or about Aug. 9, 2018

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See Attachment #4

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

See Attachment #5

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

See Attachment #6

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VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

Lackawanna County Jail

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Lacka County Prison

2. What did you claim in your grievance?

That I could barely walk and I was numb from waist down, if I could get help

3. What was the result, if any?

No result I was told I am fine nothing done at all.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

Appealed Deputy warden Langen, final Appeal was to warden Tim Betti
which resolved nothing

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

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☐ Yes

☐ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

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IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 6-10-2019

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

James John Tisdale IV
James John Tisdale IV
Lackawanna County Prison, 1371 N. Washington Ave.
Scranton Pa. 18509
City State Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

Attachment # 1

Dr. Edward Zaloga

Correctional Care Inc.

Anthony Ianuzzi

Attachment # 2

Dr. Edward Zaloga who owns Correctional Care Inc., to which has a contract with Lackawanna County Prison. Which the medical staff is employed by Correctional Care Inc. and Dr. Zaloga which is responsible for the health care and well being of the inmates.

In about the beginning of Aug. 2018 I started to lose feeling in the lower half of my body and extremities making it almost impossible to walk or even shower. So I submitted a sick call on Aug. 9, 2018 to see Dr. Edward Zaloga about 3 days later I was called to medical and seen by Anthony Tanuzzi a nurse or family care professional as he told me, he said I wasn't numb because I walked in there but provided no treatment.

I feel that medical wouldn't help me and they were neglecting a serious medical need. By failing to provide proper treatment or testing resulted in leaving me in constant pain, not able to walk correctly. Possible causing damage permanently causing toxicity in my blood. Not treating me properly during numerous sick calls and Grievances begging for proper care and help.

Attachment #3

Events occurred at Lackawanna County Prison, In Aug. 2018. Things started to get really bad I could barely walk normal anymore. Constant loss of balance and falling, it became very frustrating and painful. I was confused and didn't know what was wrong. I also have constant uncontrollable movements with my mouth and tongue, and people always make fun of me.

Attachment # 4

I was no longer able to walk correctly or shower due to the level of Dilantin (Phenytoin) in my blood, due to not being monitored by medical E.g. Dr. Edward Zaloga. The level was dangerously high 27.3 (it should have been between 10-20) leaving me with permanent problems with my gait and balance. On Oct. 4, 2018 I fell in the jail hallway in front of C.O. Petrie and I was taken to medical and seen by the nurse (Rocanne) who told the Sgt. Artuna and C.O. Petrie I was fine. I was told to go lay down.

Many C.O.'s have seen how bad I was walking and how it progressed, and about 6 or 7 inmates seen how bad my walking was, one of the inmates Orlando Sant had to carry me back to the block cause I could barely walk. Most of this was caught on the prison cameras and witnessed by both inmates and corrections officers which I will list, these are as follows,

Inmates:	Correctional Officers
Jayson Johnson	C.O. Petrie, C.O. Suhow,
Mathew Bryant	C.O. Derek Lavelle,
Zachary Campbell	C.O. Jack Gilroy,
Orlando Sant	Sgt. Artuna

Attachment # 5

There is problems with my walking and balance. my Gait seems to be really off it may be linked to Cerebellar Atrophy which I'm not exactly sure because I keep getting told there is nothing wrong but no tests. Nothing to try to find out whats wrong. The problems with my memory seem to have gotten worse.

I should have seen a Neurologist or received some testing to make sure I was ok. If this was monitored properly my level would not have been 27.3 when it should be between 10-20 for Dilantin (Phenytoin). Alls I did was begg for help on proper treatment to findout the problem.

Attachment #6

I am requesting \$50,000 for pain and suffering and damages and to see if the courts can find out what's wrong with me with my balance from being over medicated with dilantin- (Phenytoin) E.g. seizure medication which wasn't not properly monitored. Causing Toxicity in my blood for some time.

This is why I'm asking for \$50,000 for pain and suffering and if it could be ordered by the court what damages have been caused and if they can be fixed.

Attachment # 7

At first every appeal was forwarded to Dr. Edward Zaboga even the ones I appealed to the warden Tim Betti and Deputy warden Langen. Until I asked what was the proper Appeal procedure and then they went to who I appealed them to, the Deputy warden Langen and warden Tim Betti, but their responses were like we don't have medical expertise to answer this but put in a sick call to see Dr. Zaboga but this was the orig. reason for my grievance and Appeal because I was not getting nowhere except insults no help or treatment.

to whom it may concern

I'm writting this to let you know I filled well had the paper for in forma pauperis I am disabled so I took me a little more time to fill out the 1983.

I also sent you a letter explaining if you need me to redo the forms Pauperus let me know.

Thank you

Sincerely

James Tiedle

James T. Sedale
1371 N. Washington Ave.
Scranton, Pa. 18509

CONTENTS MAILED FROM
A CORRECTIONAL FACILITY

RETURN RECEIPT
REQUESTED

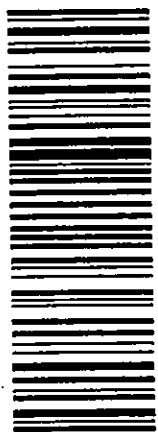
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Peter J. Welsch
Office of the Clerk

United States District Court
for the

Middle District of Pennsylvania

William J. Nealon Federal Bldg 2

U.S. Courthouse

235 North Washington Avenue

P.O. Box 1148

C